IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE:	11/11/2007			S CHECKWRITE SUMMARY REPORT HECKWRITE DATE: 11/14/2007				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
	_	0	0		-	0	0	0
3404904	WESTERN HIGHLAN DS LME	3411	357	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	DS LINE			BENEFIT SERVICES ON OR AFTER D				
	_	3412	87	PROVIDER TYPE AND SPECIALTY 07		468	1236	768
				4/113 CANNOT BILL ENHANCED	,	100	1230	700
				BENEFIT SERVICES ON OR AFTER D				
		8599	19	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				,				
-	+	11	42	CLIENT NOT ELIGIBLE ON SERVICE				
	+		**	DATE		391	4129	3738
	1							
	+	8599	30	DETAIL NOT COVERED BY COMBINAT	1			
				ION OF RECIPIENT, PROVIDER AND				
	+	+		BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8599	5	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	1	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		8	400	392
				VALID FOR SUBMITTED BILLING PR				
		3746	1	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
3404913	MECKLENBURG COM	8505	3381	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	-							
		8800	1014	FURTHER PROCESSING NECESSARY,		5550	5564	14
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		79	751	THIS SERVICE IS NOT PAYABLE TO				
	+			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIORAL HEAL	79	10	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	VIOLUL IIIAL			PROVIDER TYPE AND SPECIALTY IN				
	_	8952	7	CLAIM DENIED DUE TO AGE RESTRI		23	739	716
				CTIONS FOR TARGET POPULATION		23	/39	716
	+							
		8505	2	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET	1			
	+	+						
3404917	CENTERPOINT HUM	8505	407	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES	+		NT BUDGET	1			
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	(	609	4916	4307
				BENEFIT PACKAGE.				
-	+	8800	73	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		1	14	FURTHER PROCESSING NECESSARY,				
3404919	GUILFORD CO MEN	8800			1	1		
3404919	GUILFORD CO MEN TAL HEALTHC	8800		PLEASE CHECK FOR CLAIM ON				
3404919		8800		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919		8505	12	FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE		28	28	0
3404919			12	FUTURE RA'S.		28	28	0
3404919		8505	12	FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	(	28	28	0
3404919			12	FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	(	28	28	0
3404919		8505		FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	(	28	28	0

DDOMETEDDD		UTOU DOWNER	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	11	81	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		3413	51	PROVIDER TYPE AND SPECIALTY 07	0	203	6608	6405
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DESCRIPTION OF SECULOR D				
		79	34	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALITY IN				
3404921	ORANGE PERSON C	11	173	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8599	20	DETAIL NOT COVERED BY COMBINAT	0	252	1114	862
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACAGE:				
		8534	11	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404922	THE DURHAM CENT	21	262	DUPLICATE OF CLAIM-SYSTEM				
	ER							
	+	8505	183	CLAIM DENIED DUE TO INSUFFICIE	0	599	3760	3161
				NT BUDGET		333	2700	0.00
		8800	136	FURTHER PROCESSING NECESSARY,				
		<u>L</u>		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404923		8505	517	CLAIM DENIED DUE TO INSUFFICIE				
3101323	FIVE COUNTY MH	0303	317	NT BUDGET				
		8508	111	CLAIM DENIED NO BUDGET FOUND				
		8308	111	CLAIM DENIED NO BODGET FOUND	0	773	810	37
		8536	84	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE	8505	185	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	R FOR MH/DD			NI DODGET				
		8508	29	CLAIM DENIED NO BUDGET FOUND	2	264	314	50
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	21	1323	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		8536	40	ATTENDING PROVIDER TYPE AND SP	3	1481	1484	3
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		<u>L</u>		<u>                                     </u>				
3404927	CUMBERLAND CO M	3411	46	PROVIDER TYPE AND SPECIALTY 07				
	HC	1		4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
	+	<del> </del>						
		8599	31	DETAIL NOT COVERED BY COMBINAT	0	139	596	457
	_	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				PAGRAGE.				
		11	21	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		1		1				
3404930	JOHNSTON COUNTY	11	21	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		0	0		0	21	21	0
		1						
3404931	WAKE CO HUM SVC	21	332	DUPLICATE OF CLAIM-SYSTEM				
	WAKE CO HUM SVC BILLING OF							
		8505	64	CLAIM DENIED DUE TO INSUFFICIE				
	+	8505	64	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	7	525	1294	769
		9621	10	60 DECIDENTIAL LEVEL TIT MODI-				
		8621	19	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
ì	-	+		FOR ADDITIONAL SERVICE.				
				TOR ADDITIONAL DERVICE.				

Martine   Mart								TOTAL	TOTAL
Marche   M	MIIMDED		HIGH DENIAL	NUMBER OF		TNC	TOTAL		
MATERIAN	PARTITION	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				
198   198									
	3404933		8599	105					
1997   1997		R FOR MH/DD							
					DESCRIPTION OF THE PROPERTY OF				
Company			27	25	DIAGNOSIS CODE MISSING OR INVA	0	227	5011	4784
143914					CORRECT DIAGNOSIS CODE AND SUB				
143914	<b> </b>								
141415	1		11	25					
MANUSCRIPT   MAN					DATE				
MANUSCRIPT   MAN									
MATERIAL	3404934	ONSLOW CARTERET	21	488	DUPLICATE OF CLAIM-SYSTEM				
	İ		0524	107	appetration that the Loadingon to M				
	<b>i</b>		0334	127		0	884	1944	1060
1997   1997	i e								
MANY CONTROL									
1993   1995			8535	98	SERVICE FACILITY LOCATION WAS				
### MANNE ON MONTAL									
MANDER COM    Company   Co					PLEASE RESUBMIT THE CLAIM WITH				
MANDER COM    Company   Co	2404025		0	0	AAA NO DAWA WO DEDODE AAA				
1400000   1	3404935		U	U	NO DATA TO REPORT				
140937 PMS SECON COST   1	1	HEALTH CTR							
140937 PMS SECON COST   1				1					
SE	i e		0	0		0	0	0	0
SE									
SE									
140937   No. SELVICE CENT   1	3404936		U	U	*** NO DATA TO REPORT ***	<b></b>			
1464979 NE REACOU CREET  15	1	ER	1	-		-			
1464979 NE REACOU CREET  15	<b> </b>	+				<del>                                     </del>			
1444977 PER REACOU CREAT 17 15 16 DEPARTS OF CLAIM-SYSTEM			0	0		0	n	0	n
		1	1			,	0		
191   2   1910	3404937	THE BEACON CENT	21	16	DUPLICATE OF CLAIM-SYSTEM				
1411   1   2007/DER TYPE AND SPECIALTY 67   1   1   1   1   1   1   1   1   1	İ	ER							
1411   1   2007/DER TYPE AND SPECIALTY 67   1   1   1   1   1   1   1   1   1									
1411   1   2007/DER TYPE AND SPECIALTY 67   1   1   1   1   1   1   1   1   1	1		1.01	2	OF TENET TO NUMBER PORC NOT MATIC				
	<b>i</b>		191	_		0	20	4734	4714
A					a consumor areas				
A									
MATERIAL   MATERIAL   MATERIAL STATES   MATERIAL   MA			3411	1	PROVIDER TYPE AND SPECIALTY 07				
STATE CANOLINA B   8999   61   STALL NOT COVERED BY COSSIDAT									
SAN TORAL H	İ				BENEFIT SERVICES ON OR AFTER D				
SAN TORAL H	2404020		0500	61	DOWN TO ANY COMPANY OF THE PART				
SAME   SAME	3404939		8599	91					
		EHAVIORAL H							
### ADDITION SERVICES SERVICES    ADDITION SERVICES SERVICES									
A			3411	25	PROVIDER TYPE AND SPECIALTY 07	0	150	3101	2951
MATICANDINA B	ı				BENEFIT SERVICES ON OR AFTER D				
MATICANDINA B	l								
MANY CORAL									
MANY CORAL			21	17	DUPLICATE OF CLAIM-SYSTEM				
MANY CORAL			21	17	DUPLICATE OF CLAIM-SYSTEM				
BRAYLORAL H			21	17	DUPLICATE OF CLAIM-SYSTEM				
3404942 EAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3404941	EAST CAROLINA B							
3404942 EAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3404941								
3404942 EAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3404941								
RANJORAL H	3404941		0						
RANJORAL H	3404941		0			0	0	0	0
RANJORAL H	3404941		0			0	0	0	0
		EHAVIORAL H	0		*** NO DATA TO REPORT ***	0	0	0	0
	3404941	EHAVIORAL H  EAST CAROLINA B	0		*** NO DATA TO REPORT ***	0	0	0	0
		EHAVIORAL H  EAST CAROLINA B	0		*** NO DATA TO REPORT ***	0	0	0	0
A SA NEW CLAIM   A SA		EHAVIORAL H  EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				0
A SA NEW CLAIM   A SA		EHAVIORAL H  EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				0
A SA NEW CLAIM   A SA		EHAVIORAL H  EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				0
AS A NEW CLAIM	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H	0	0	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***				0
ION OF RECIPIENT, PROVIDER AND	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN				0
ION OF RECIPIENT, PROVIDER AND	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				0
BENNEYIT PACKAGE.	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0 0 0 0 0 0 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM		0	0	0
	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0 0 0 0 0 0 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT	0	0	0	0
DATE   DATE	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0 0 0 0 0 0 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	0	0	0
DATE   DATE	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0	0 0 0 0 0 0 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	0	0	0
N SERVICES	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0 0 0 0 120 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	0	0	0
N SERVICES	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0 0 0 0 120 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  RENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
N SERVICES	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA	0 0 0 0 120 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  RENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
SAME   SAME	3404942	EHAVIORAL H  EAST CAROLINA B  EHAVIORAL H  ALBEMARLE MENTA  L HEALTH CE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE	0	0	0	0
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT	0	0	0	0
OUR PROVIDER TYPE AND	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	0
OUR PROVIDER TYPE AND	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	0
SPECIALTY IN ACCORDANCE TO MEN	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 120 0 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  COM OF RECIPIENT, PROVIDER AND  RENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DATAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	6	247	1509	1262
1404946   POOTHILLS AREAM   8551   3   ONLY FOUR UNITS ALLOWED PER NO	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 120 0 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT ON OF PECTEVERY, PROVIDER AND BENEFIT FACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y	6	247	1509	1262
ENTAL HEALT	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 120 0 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DATE  DETAIL NOT COVERED BY COMBINAT ION OF PRECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND	6	247	1509	1262
ENTAL HEALT         I         NTH         I         <	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L MEALTH CE	0 0 0 0 120 0 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF PECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALTY IN ACCORDANCE TO MEN	6	247	1509	1262
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L HEALTH CE  EASTPOINTE HUMA N SERVICES	0 0 0 0 0 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  ORLY POUR ENTYPE AND  SPECIALTY IN ACCORDANCE TO MEN  ONLY FOUR UNITS ALLOWED PER MO	6	247	1509	1262
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L HEALTH CE  EASTPOINTE HUMA N SERVICES	0 0 0 0 0 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  ORLY POUR ENTYPE AND  SPECIALTY IN ACCORDANCE TO MEN  ONLY FOUR UNITS ALLOWED PER MO	6	247	1509	1262
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L HEALTH CE  EASTPOINTE HUMA N SERVICES	0 0 0 0 0 120 8599	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  ORLY POUR ENTYPE AND  SPECIALTY IN ACCORDANCE TO MEN  ONLY FOUR UNITS ALLOWED PER MO	6	247	1509	1262
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L HEALTH CE  EASTPOINTE HUMA N SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  ONLY POUR UNITS ALLOWED PER MO NTH	6	247	1509	1262
	3404942	EHAVIORAL H  EAST CAROLINA B EHAVIORAL H  ALBEMARLE MENTA L HEALTH CE  EASTPOINTE HUMA N SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 55 55	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  AS A HEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALITY IN ACCORDANCE TO MEN  ONLY FOUR UNITS ALLOWED PER MO  NTH  EXCEEDS MAXIMUM UNITS ALLOWED	6	247	1509	1262

	3746	2	RELATED CODES NOT ALLOWED SAME		
			DATE OF SERVICE.		